



**IBEW Local 234 Health & Welfare
Trust
6293 San Ignacio Ave
San Jose, CA 95119**

**NAME
ADDRESS1 ADDRESS2
CITY, STATE ZIP
IMPORTANT PLAN INFORMATION ENCLOSED**

Important Information About Your IBEW Local 234 Health & Welfare Trust Retiree Medical and Prescription Drug Benefits

Dear Medicare-eligible Retiree and/or Dependent,

We are informing you of a change to your medical and prescription drug coverage provided by IBEW Local 234 Health & Welfare Trust. This change is being made to address the continually increasing cost of coverage and to ensure that Medicare-eligible participants have access to comprehensive coverage at the most affordable cost.

Your new Medicare Advantage with Prescription Drug (MAPD) Plan will be provided by **Anthem Medicare Preferred (PPO)** effective January 1, 2026.

In addition to the new MAPD plan, we are pleased to announce the IBEW Local 234 Health & Welfare Trust has also retained RetireeFirst, a retiree benefits management solutions and advocacy service provider. RetireeFirst Advocates are US-based and available to help you navigate the complex retiree healthcare landscape and troubleshoot any issues you may have with your insurance carrier, provider's office, and pharmacy.

About Your New Plan

Plan Highlights

- Most Medicare Covered Medical Services are \$0 cost to you.
- One routine eye exam per year is \$0 cost to you. Must use BlueView Vision.
- You have a \$150 allowance for eyewear every 2 years.
- One routine hearing exam per year is \$0 cost to you. Must use TruHearing.
- You have a \$500 allowance for hearing aids per year.
- One hearing aid fitting evaluation per covered hearing aid is \$0 cost to you.
- You pay \$0 for up to 12 routine Podiatry visits per year.
- You pay \$0 for up to 12 routine Chiropractic visits per year.
- You pay \$0 for up to 10 routine Acupuncture visits per year.
- You have a \$0 prescription deductible.
- You pay \$0 for select generic prescriptions.
- Access to SilverSneakers Fitness Benefit.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

Important Things to Know:

- You must be enrolled in Medicare Parts A and B to participate in the Anthem MAPD Plan.
- Put your Medicare card in a safe place in case you need it later. You will use only your Anthem ID card for Medical and Prescription Drugs.
- You can use any willing Medicare medical provider, regardless of whether the provider is in or out of the Anthem network.
- No referrals are needed for Medicare covered medical services.
- Sav-Rx will no longer provide prescription drug coverage for Medicare eligible participants. You should, however, continue to be able to use almost any retail pharmacy as Anthem includes over 64,000 in-network pharmacies, nationwide.
- Anthem also offers a Mail Order Pharmacy called CarelonRx for your convenience. If you would like to use the CarelonRx Mail Order Pharmacy, you will need new prescriptions.
- You do not need new prescriptions for retail pharmacies. Simply show your new ID card and your refills will be processed under the Anthem MAPD Plan. You will no longer need to show your Sav-Rx ID card.

Mailings to Expect in the Coming Months:

- Anthem Pre-enrollment Kit
- Anthem Enrollment Receipt Letter
- Anthem Confirmation of Enrollment Letter
- Anthem Plan Welcome Guide
- Anthem ID Card
- Please keep in mind each Retiree, spouse, and/or dependent may receive the above items on different days; this is normal.

We are required by law to give you the choice of opting out of the new Anthem MAPD Plan. Since you are currently enrolled in the IBEW Local 234 Health & Welfare Trust, it is unlikely that you would want to disenroll from the new Anthem MAPD Plan. However, you have the option to opt-out. If you opt out, you will not have Medical and Prescription Drug coverage through IBEW Local 234 Health & Welfare Trust. Nevertheless, if you would like to opt-out, please call RetireeFirst Advocates at (831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711) Monday-Friday, 8am-5pm PST.

You're Invited

RetireeFirst will be hosting an informational Retiree event detailing the new plan and answering any questions you may have. Retirees, spouses, and/or dependents are invited to attend this in-person event:

Location	Date	Time
IBEW Local 234 Union Hall 747 El Camino Real Salinas CA 93907	11/21/2025	10:00am PST

Please RSVP for the in-person event by 11/18/2025 to RetireeFirst at (831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711) Monday-Friday, 8am-5pm PST.

We strongly recommend that all Medicare-eligible retirees and/or dependents attend this Retiree event to better understand your plan.

Enclosed in this mailing is also a Frequently Asked Questions document to answer questions you might have now. If you have questions about any information in this letter, please do not hesitate to call RetireeFirst Advocates at **(831) 263-4801 (TTY 711)**

or toll free (855) 430-6322 (TTY 711) Monday-Friday, 8am-5pm PST. The phone lines are open!

Sincerely,

IBEW Local 234 Health & Welfare Trust

Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.

2026 – IBEW Local 234 Health & Welfare Trust Medicare Advantage with Prescription Drug Plan (MAPD)



Your Dedicated Advocacy Phone Numbers
(831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711)

Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$500
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0 per admission
Outpatient Care	\$0
Home Health Care	\$0 per visit
Skilled Nursing Facility	\$0, days 1-100
Emergency Room	\$75 – waived if admitted within 72 hours

Urgent Care	\$0
Ambulance Service	\$0
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	\$0 – 12 visits per year
Acupuncture	\$0 – 10 visits per year
Podiatry	\$0 – 12 visits per year
Foreign Travel (World-wide) Coverage	\$75 Emergency Care \$0 Urgent Care \$0 Inpatient Care - 60 days lifetime max
Hearing	\$0 Routine Hearing Exam - 1 per year \$0 Hearing Aid Fitting Evaluation - 1 per covered hearing aid \$70 max benefit for Exam and Fitting Evaluations combined \$500 Hearing Aid Allowance – per year Must use TruHearing
Vision	\$0 Routine Eye Exam - 1 per year \$150 Eyewear Allowance - every 2 years Must use Blue View Vision
Dental	Medicare Covered Services Only
Fitness Benefit	SilverSneakers Included

Prescription Carrier



Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
Annual Deductible: \$0			
Tier 1 Select Generics	\$0	\$0	\$0
Tier 1 Generic	20%	20%	20%
Tier 2 Preferred Brand	30%	30%	30%
Tier 3 Non-Preferred Brand, including Specialty Drugs	30%	30%	30%
<p>Note: CMS caps the 30-day supply cost for Insulin medication at \$35. Costs for a 30-day supply may be less but will not exceed \$35 for 2026.</p>			

Plan Questions

1. Will I be automatically enrolled, or do I need to do anything to enroll?

All Medicare-eligible retirees and/or dependents will be automatically enrolled into the MAPD plan. There is nothing you need to do to be enrolled.

2. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this MAPD plan. Your current MA plan will no longer be available.

3. Can I opt-out of this plan?

We are required by law to give you the choice of opting out of the new plan. If you would like to opt-out, please call RetireeFirst at **(831) 263-4801 (TTY 711)** or **toll free (855) 430-6322 (TTY 711)**, Monday-Friday, 8am-5pm PST.

4. Are there any plan changes?

IBEW Local 234 Health & Welfare Trust or Plan did their best to match or enhance your current benefits. Below are a few highlights of your new MAPD plan:

- Most Medicare Covered Medical Services are \$0 cost to you.
- One routine eye exam per year is \$0 cost to you. Must use BlueView Vision.
- You have a \$150 allowance for eyewear every 2 years.
- One routine hearing exam per year is \$0 cost to you. Must use TruHearing.
- You have a \$500 allowance for hearing aids per year.
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- You have a \$0 prescription deductible.
- You pay \$0 for select generic prescriptions.
- Access to SilverSneakers Fitness Benefit.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

5. When will I receive my ID card and welcome kit?

Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

6. What do I do if I lose my card?

Please call RetireeFirst at **(831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

7. If I leave the Plan, will it affect any of my other benefits?

Yes, it may. If you leave the Plan, you would no longer be eligible for dental, vision or life insurance benefits through the Plan.

8. How much do I have to pay for the MAPD plan?

IBEW Local 234 Health & Welfare Trust can be reached at (408) 588-3753 to answer any billing questions.

9. Who do I call if I need assistance with the MAPD plan?

Please call RetireeFirst at **(831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711)** to reach your dedicated IBEW Local 234 Health & Welfare Trust Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

Medical Questions

10. Is there a medical deductible?

No, there is no medical deductible with this plan.

11. Is there co-insurance or copays?

For most Medicare approved Medical services there is a \$0 copay; please review to the medical plan design chart on pages 1-2 for specific copay details.

12. Does this plan require referrals?

No, this plan does not require referrals.

13. Does this plan require pre-certifications?

Some services may require pre-certifications.

14. Does this plan have a network?

Yes, you can go to any willing Medicare provider, hospital, or facility. This plan's in and out of network benefits are the same.

15. Can I go to my current providers?

Yes, you can see any provider that accepts Medicare and is willing to bill Anthem.

16. Do I still use my Medicare card?

No, put your Medicare card in a safe place in case you need it later. You will only use your Anthem ID Card for medical and prescriptions.

17. What if my provider says they do not accept this plan?

If your provider accepts Medicare, the portion you are responsible for will remain the same whether they are considered in or out of network. You can go to any willing Medicare provider, hospital, or facility. Please call RetireeFirst at **(831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

No, there is no prescription deductible with this plan.

19. Is there co-insurance or copays?

Yes, there is a cost share associated with this plan for prescriptions drugs. Please refer to the prescription benefit chart on page 3 of this document to better understand the prescription co-insurance.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711)** if you need help looking up your prescriptions.

21. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Anthem has over 64,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

22. Is there a mail order pharmacy?

There is a mail order pharmacy called CarelonRx which can be reached at 833-409-1228. You can also call RetireeFirst at **(831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711)** with questions about mail order prescriptions.

23. Is there a specialty mail order pharmacy?

Anthem has a specialty pharmacy called CarelonRx which can be reached at 833-255-0647. You can also call RetireeFirst at **(831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711)** with questions about specialty prescriptions.

24. Will my prescriptions transfer from the old plan?

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

25. Can I still go to the Veterans Affairs (VA) for my prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

26. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(831) 263-4801 (TTY 711) or toll free (855) 430-6322 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

27. What is the catastrophic phase and is there coverage?

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2100 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

28. Can I still use coupons for prescription Medications?

No, Centers for Medicare Services (CMS) will not allow Manufacturer coupons or coupon cards such as Good RX to be used with a Medicare regulated PDP plan.

Anthem Medicare Preferred (PPO) Card Sample:

Front:

 Anthem Medicare Preferred (PPO)	
<FormattedMemberName>	
Member ID:	Senior Rx Plus
Group: RxBIN: RxPCN: Issuer ID (80840): RxGRP: RxID:	Office Visit Copay: Specialist Visit Copay: Emergency Room Copay: Preventive Copay:
	

Back:

	
anthem.com/ca	
Retiree First Member Advocate Line: Member Services: TDD/TTY: Pharmacy Member Services: Help for Pharmacists: Provider Services: 24/7 NurseLine:	
Providers: Do not bill Medicare. Submit paper and electronic claims to your local Blue Cross/Blue Shield Plan. Include the 3-digit alpha prefix that precedes the patient ID number listed on the front of this card. Medicare limiting charges apply. Members: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for a complete description of coverage. Possession of this card does not guarantee eligibility for benefits.	
Medical Claims & Inquiries: P.O. Box 60007, Los Angeles, CA 90060-0007 Pharmacy Claims: ATTN: Claims Department - Part D Services P.O. Box 52077, Phoenix, AZ 85072-2077	
<small>Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.</small>	
<small>Issued:</small>	

Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.